## THE IMPLEMENTATION OF PORTFOLIO COMMITTEE NO. 2 RECOMMENDATIONS RELATING TO THE DELIVERY OF SPECIFIC HEALTH SERVICES AND SPECIALIST CARE IN REMOTE, RURAL AND REGIONAL NSW

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There are some excellent specialists in Wagga, our nearest city, which is approximately two hours away by car. I am particularly impressed with Professor Tara Mackenzie. After suffering from poorly controlled (or uncontrolled) lung disease all my life, Professor Mackenzie's intervention has meant that I can now lead a near to normal life.. I can never thank her enough for helping me!

I am also firmly of the view that, without an adequate GP coverage in rural areas, we will forever be on the back foot in ensuring that rural and remote areas have adequate health (including specialist) coverage. At the moment, we wait two weeks to see our GP: or, we drive to Wagga (2 hours each way); or, we have a telephone consultation with a private company

It is my view that Rural Telehealth services are critical to people in remote areas who cannot readily access a GP or a specialist. Technology should be better utilised to allow access to doctors and specialists. Not every GP or specialist appointment requires a "face to face" visit.

Each new referral to a specialist requires a GP as the referring doctor. The issue I have is that I need to have a new referral to the same specialist (Professor Mackenzie) every year. Surely, if the specialist determines that I need a review every six months or annually, it is ridiculous (and costly) for me to travel 80 minutes return to see my GP (after a two week wait) for the referral. That just does not make any practical sense at all to me. I feel that I am wasting a valuable GP appointment that could be better used by someone who is ill, rather than having my GP fill out and fax "paperwork".

Furthermore, the IPTAAS system remain cumbersome and the monetary return to the patient makes it not worth putting in a claim at times.

Thank you for considering my submission.